**NIH StrokeNet RCC Educational Training Plan**

***Date:***

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| **RCC Name:**  | **RCC Principal Investigator(s):** |
| **Trainee Name:**(Include degrees, MD, PhD, etc.) |
| **Gender:**  | **\*Underrepresented:**  |
| **Department/Discipline:** | **Level of Trainee:** (Trainee, Fellow, Junior Faculty, Faculty) |
| **Phone:**  | **E-mail address:** |
| **Research Interest:** |
| **Mentor(s):** |
| **Off Site Mentor Request and or Rotation Request:** |
| **Rotation Schedule:** Please list the followingMD’s (a.) Months of inpatient/ICU (b.) Months of other clinical rotations (list) (c.) Outpatient clinic frequency (d.) acute stroke call or other types of call and how often. Include weekly block schedule if possible.**Block Rotations –** For Physician Scientists

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** |
| *Name of Rotation – (Do not write in this area)* |
|  |  |  |  |  |  |  |  |  |  |  |  |
| *# Clinics per Week – (Do not write in this area)* |
|  |  |  |  |  |  |  |  |  |  |  |  |
| *# Stroke Calls per Month – (Do not write in this area)* |
|  |  |  |  |  |  |  |  |  |  |  |  |
| *Other Clinical Activity – (Do not write in this area)* |
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Clinicans: Describe any other clinical duties and how often these will be performed. |
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| **Planned Coursework:** |
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**Training Plan:** We strongly suggest each trainee should spend 50% of their time on research. (Weekends and evenings should not be counted toward research time) Consider including a mentoring plan, milestones, goals, any planned grant writing workshops, seminars, research conference attendance, workshops. |
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| **Publications From Last Two Years:**(List full Citations) |
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\* For the NIH policy related to diversity go to the link below.

<http://www.ninds.nih.gov/diversity_programs/definitions.htm>